Basic Ostomy Care: What Every Nurse Should Know

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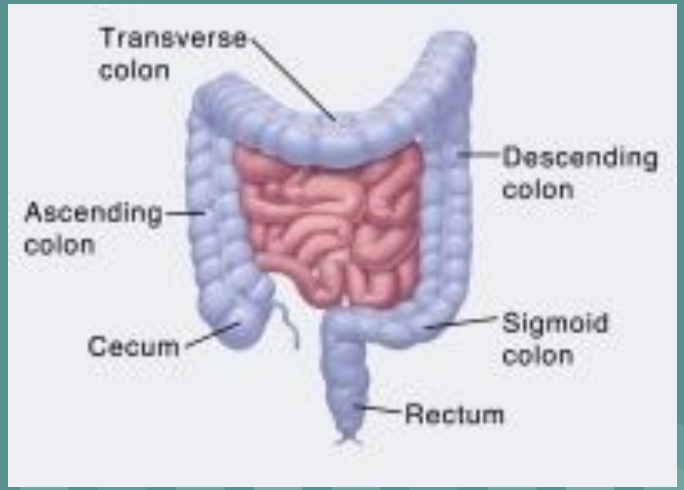
Introduction

Colostomy

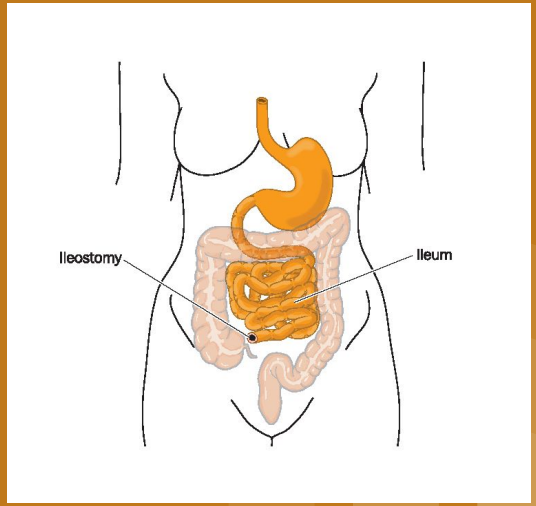


- Ascending
- Transverse
- Descending

Ileostomy

- Temporary - some colorectal cancers, diverticulitis, ulcerative colitis
- Permanent - Crohn’s disease, colorctal cancer, colonic dysmotility, ulcerative colitis

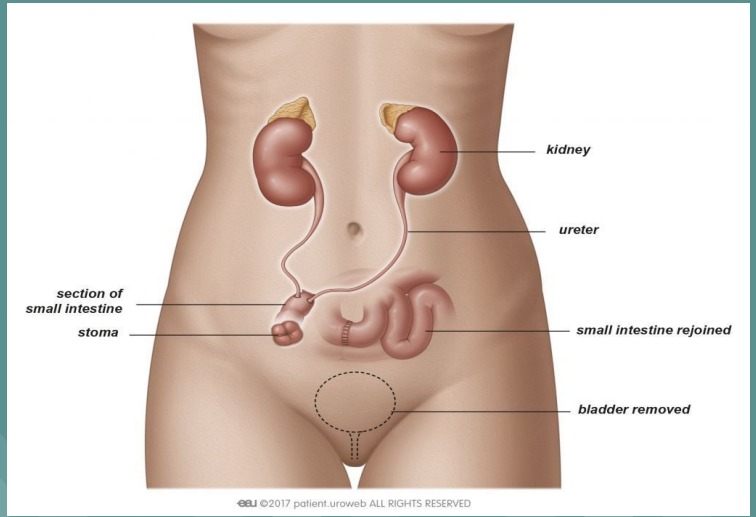
Output - Dark green , liquid to mushy



(UOAA 2020)

Ileal Conduit

- Lower right quadrant
- Permanent
- Urine reflux to kidneys



(EAU, 2020)

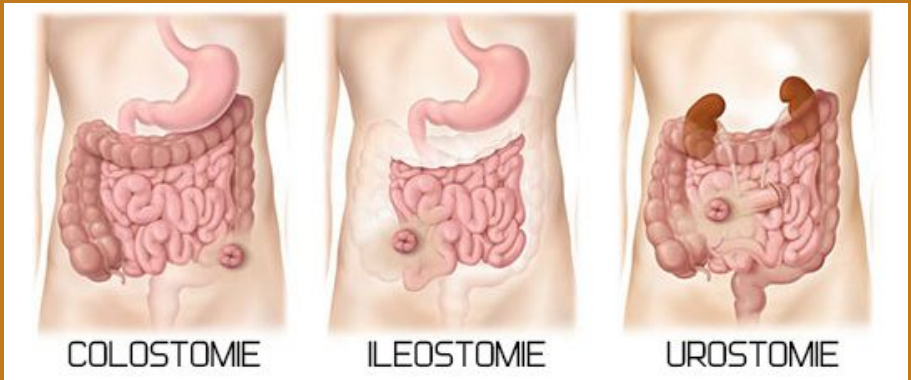
Ostomy assessment

Stoma

- Red, moist, with folds
- Contracts when touched
- Loop end and end stoma

Output parameters

- Jejunostomy - up to 2.400 cc/24 hours (liquid)
- Ileostomy - to 1,200 cc/24 hours (liquid to pasty)
- Colostomy - 600-1,000cc (pasty to semiformed)
- Urostomy - at least 800cc/24 hours



How to empty a ostomy pouch

- Gather equipment
- Explain the procedure
- Provide privacy
- Wash hands and don gloves
- Open the end of pouch
- Empty into measuring device.
- Rinse with water
- Dry bottom of bag
- Contents measures and emptied.
- Remove gloves and wash hands

How to change a ostomy bag

- Gather equipment
- Explain the procedure
- Provide privacy
- Wash hands and don gloves
- Remove old pouch
- Wash peristomal skin
- Dry skin
- Wash hands and change gloves
- Meassure stoma - ⅛ inch larger then stoma
- Trace measurement onto skin barrier
- Cut skin barrier
- Apply skin barrier ring, powder or paste if needed
- Close end of bag
- Apply skin barrier around ostomy
- Attach bag if needed

Living with a ostomy

- **Diet**
  - Gas producing- asparagus, beans, beer, carbonated drinks, onions
  - Incrase odors- alcohol, eggs, fish, garli
  - Decrase odors - buttermilk, cranberry juice, parsley, yougurt
  - Thicken output - applesauce. Bananas, cheeses peanut butter

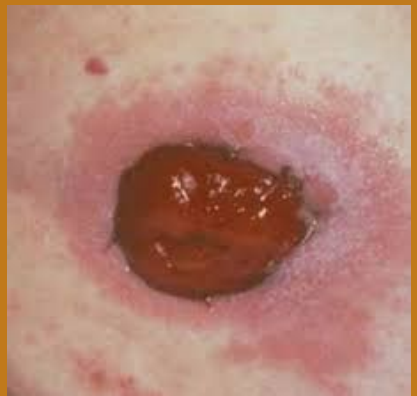
- **Bathing**
- **Clothing**
- **Recreation**
- **Sex**

Dehydration

- Increase fluid intake 500-750cc
- Increase fluid on hot days and with increased activity
- Eat food high in sodium and potassium

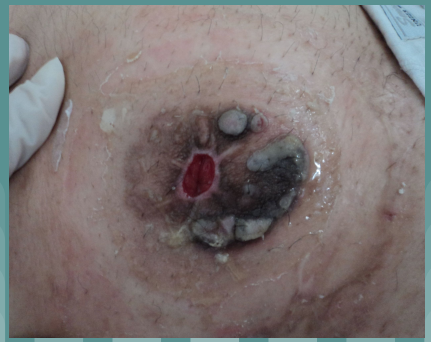
Irritant dermatitis

- Cause- moisture, chemical and mechanical irritant
- Presentation - inflammation, pain and superficial skin loss
- Treatment - Determine cause of leak, modification of pouch, stomal powder and hydrocolloid



Pseudoverrucous lesions

- Cause- chronic exposure to urine and liquid stool
- Presentation - thickened, bumpy, irregular, elevated lesions. May be white, gray, brown or dark red.
- Treatment - correction of leak and exposure



Summary

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